



## Coggon Municipal Light Plant

131 W Main St. PO Box 80  
Coggon, IA 52218

319-435-2436 office  
*mklima@coggonlight.com*

### **Automatic ACH Payment Agreement (ACH Debits)**

Customer Name: \_\_\_\_\_

CMLP Account #: \_\_\_\_\_

I (we) hereby authorize Coggon Municipal Light Plant through Community Savings Bank to initiate debit entries to my (our)

Checking Account    OR     Savings Account

Payment preference date:  15<sup>th</sup> of the Month    OR     29<sup>th</sup> of the Month

at the Financial Institution named below, hereafter called Financial Institution, and to debit the same to such account, for payment of my monthly utility service. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until Coggon Municipal Light Plant has received written notification from the Customer or Financial institute of its termination in such time and in such a manner as to afford Coggon Municipal Light Plant and the Financial Institute a reasonable opportunity to act on it. I understand that I am responsible for any returned ACH transactions due to any reason (non-sufficient funds, closed account, etc.) and will be subject to the standard fees in accordance with the Association' governing documents and applicable statutes.

Account Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_